



Memorandum of Understanding Fetal, Infant, Child, & Maternal Mortality Review & Prevention Team (FICMMR) BETWEEN

(Review County)
AND

(Referral County)

Agreement to be effective _____, reviewed and updated annually.
(Insert current date)

GOAL:

To reduce the number of preventable deaths in counties who don't have a Fetal, Infant, Child, and Maternal Mortality Review Team by establishing a working relationship with these counties, reviewing FICMMR-age deaths from these counties, and identifying best practice prevention recommendations and or initiatives on deaths deemed preventable.

PRINCIPLES:

- Both counties are of equal status.
- Services provided by _____ established FICMMR Team (known as the Review County) will be coordinated in a collaborative manner with the neighboring county _____ known as Referral County.
- Determining preventability and applying information gained from reviews to reduce preventable deaths is the primary purpose of the FICMMR team.**
- Respect for the autonomy of all member agencies, their policies and procedures will be maintained.

FUNDING/ADMINISTRATION:

- It is understood that reimbursement for review services is as follows (*If none, state none*):

- The _____ (Review County) will review fetal, infant, child and maternal deaths occurring in _____ (Referral County). State statute defines a fetus as 350 grams of weight or higher.

7. The _____ (**Select 1: Review or Referral County**) will secure and review pertinent medical records and reports needed for a review, prepare, then present the case to the Review team.
8. Once review is complete, _____ (**Select 1: Review or Referral County**) will enter all death data into the National Center for Fatality Review and Prevention Database System.
9. **For Maternal Deaths**, the _____ (**Select 1: Review or Referral County**) will complete the Maternal Mortality Report Case Report form electronically (pdf fillable) and send to the state via the Secure File Transfer System through e-PASS.

STATEMENT of COOPERATION:

10. When a death is deemed preventable, **both** counties agree to build-in sufficient meeting time in order to discuss and identify a best practice prevention recommendation and/or initiative to reduce preventable deaths in Referral County.
11. Pledge to hold any received information confidential and be willing to sign the Team Confidentiality Sign-In sheet at all reviews attended.

REQUIRED SIGNATURES:

Referral County:

<i>Signature</i>	<i>Date</i>
Print Name/Title: _____	
Agency Name: _____	
Full address: _____	

Phone & Email: _____	

Reviewing County:

<i>Signature</i>	<i>Date</i>
Print Name/Title: _____	
Agency Name: Full _____	
Address: _____	

Phone & Email: _____	